## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N46365**

## **FILED** Apr 23, 2002 8:00 am Secretary of State

04-23-2002 90387 043 \*\*\*\*61.25

## 1. Entity Name CANTABRIA HOUSE U.S.A., INC. (CASA CANTABRIA U.S

Principal Place of Business 782 NW LEJEUNE ROAD #548 MIAMI FL 33126 US 2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

782 N **#548** 

MIAMI FL 33126

782 NW LEJEUNE ROAD #548

MIAMI FL 33126

3. Mailing Address

Zip

Mailing Address

Suite, Apt. #, etc.	
City & State	
	i i

DO NOT WRITE IN THIS SPACE

47 TETTOTTIDE	65-0342176		
5. Certificate of	Status Desired		

7. Name and Address of New Registered Agent

Not Applicable \$8.75 Additional Fee Required

Applied For

6. Name and	Address of Current Registered Agent	_
O: Hame and	Address of Current negistered Agent	
		Τ
MARQUEZ, JOSE M.		
782 NW LEJEUNE ROAD		

Country

Street Address (P.O. Box Number is Not Acceptable)

4 FEI Number

_	
City	

8. The above	e named entity submits this statement for the purpose of char	nging its registered office or registered agent, or both, in the	e state of Florida.	
SIGNATURE				
•	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	

Country

6	

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fe

Make Check Payable to

1	•				pepartment of State	نياكني .
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS IN	- <u>γ</u> 0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRAN, MANUEL A. 8460 SW 5TH STREET MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· isomorphi mac	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORAL GABLES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORAL GABLES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	TD MESTRE, CARMINA 1545 TRILLO AVENUE CORAL GABLES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied that report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiveryor trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment th ah address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/02

(305) 412-7445

Date

Daytime Phone #

CR2E037 (9/01)